

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>3383</u>	2. Fiscal Year Covered From: <u>01/01/04</u> Through: <u>12/31/04</u>
3. Name and address of person filing. Name <u>JOHN I GUERRA JR</u> P.O. Box, Bldg., Room No., if any <u>Room 232</u> Street <u>300 SOUTH GRAND AVE.</u> City <u>ST. LOUIS</u> State <u>MISSOURI</u> ZIP Code + 4 <u>63103</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS LOCAL 618</u> Labor Organization File Number <u>028-325</u> P.O. Box, Building and Room Number, if any <u>232</u> Street <u>300 SOUTH GRAND AVE</u> City <u>ST. LOUIS</u> State <u>MISSOURI</u> ZIP Code + 4 <u>63103</u>
5. Position in labor organization.	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

7-13-05  
Date

314-533-8945  
Telephone Number

Name of Person Filing <b>JOHN GUERRA JR</b>	File Number U- <b>3383</b>
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**B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.**

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>SPECTOR AND WOLFE</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street <b>206 W. ARGONEE</b></p> <p>City <b>KIRKWOOD</b></p> <p>State <b>MO.</b> ZIP Code + 4 <b>63122</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p><b>PROVIDE LEGAL SERVICES</b></p>
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<p>11.b. Approximate dollar value of such dealing. <b>39,255</b></p>	<p>12.a. Nature of interest held or income received.</p> <p><b>XMAS GIFT</b></p>
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<p>12.b. Amount. <b>\$47.50</b></p>
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**C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <p>_____</p>
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<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p>_____</p>
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Name of Person Filing <b>JOHN GUERRA JR</b>		File Number U- <b>3383</b>	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).  Name <b>U.S. BANCORP ASSET MANAGEMENT</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street <b>800 NICOLLET MALL</b>  City <b>MINNEAPOLIS</b>  State <b>MIN.</b> ZIP Code + 4 <b>55402-9645</b>		9. Business deals with:  a. Labor Organization _____ <input checked="" type="checkbox"/> b. Trust c. Employer _____	
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name <b>AUTOMOTIVE PETROLEUM &amp; ALLIED EMPLOYEES WELFARE FUND</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <b>234</b>  Street <b>300 SOUTH GRAND AVE</b>  City <b>ST. LOUIS</b>  State <b>MO.</b> ZIP Code + 4 <b>63103</b>		11.a. Nature of such dealing. <b>PROVIDES FINANCIAL SERVICES</b>  <hr/> 11.b. Approximate dollar value of such dealing. <b>50,083.20</b>  12.a. Nature of interest held or income received. <b>2- BASEBALL TICKETS</b> <b>2- SHOW TICKETS</b>  <b>VALUE UNKNOWN</b> 12.b. Amount. <b>APPROX \$300.00</b>	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____		14.a. Nature of payment.  _____  _____  _____	
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?		14.b. Amount of payment.  _____	

Name of Person Filing <b>JOHN GUERRA JR</b>	File Number U- <b>3383</b>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <b>HEALTH LINK</b>  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <b>P.O. Box 790129</b>  Street <b>DEPT. HK</b>  City <b>ST. LOUIS</b>  State <b>MISSOURI</b> ZIP Code + 4 <b>63179-0129</b>	9. Business deals with:  a. Labor Organization _____ <input checked="" type="checkbox"/> b. Trust c. Employer _____
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <b>AUTO. PETRO. &amp; ALLIED IND. WELFARE FUND</b> Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any <b>234</b>  Street <b>300 SOUTH GRAND AVE</b>  City <b>ST. LOUIS</b>  State <b>MO.</b> ZIP Code + 4 <b>63103</b>	11.a. Nature of such dealing. <b>P.P.O. HEALTH CARE ORG.</b>  <hr/> 11.b. Approximate dollar value of such dealing. <b>\$100,505.15</b> <hr/> 12.a. Nature of interest held or income received. <b>4-BASEBALL TICKETS</b>  <hr/> 12.b. Amount. <b>VALUE UNKNOWN APPROX. 300.00</b>

  

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name _____  Trade Name, if any: _____  P.O. Box, Bldg., Room No., if any _____  Street _____  City _____  State _____ ZIP Code + 4 _____	14.a. Nature of payment.  _____  _____  _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.  _____